NHIN Workgroup
Draft Transcript
February 16, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody. Welcome to the NHIN Workgroup. Let me do a quick roll call and see who is on the line. David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director
Danny Weitzner? Christine Bechtel? John Blair?

John Blair – Tacanic IPA – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jim Borland?

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Hello, Judy. I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Neil Calman? …dialing in. He's here. It's at the ONC offices. Tim Cromwell? Carol Diamond? Colin Evans? Jonah Frohlich? Leslie Harris?

Deven McGraw - Center for Democracy & Technology – Director
I'm on for Leslie, Judy. It's Deven.

Judy Sparrow – Office of the National Coordinator – Executive Director
Hello, Deven. Arien Malec?

Arien Malec – RelayHealth – VP, Product Management
I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Marc Overhage? Marc Probst? Wes Rishel?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Micky Tripathi? Farzad Mostashari?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Doug Fridsma? Mark Frisse? Todd Park? Did I leave anyone off? Okay. With that, just remember, workgroup members, to state your name when you're speaking for attribution purposes, and I'll turn it over David Lansky.

David Lansky – Pacific Business Group on Health – President & CEO
Thanks, Judy. This is David here. Thank you, everybody, for making time for another round on this. In the last couple weeks, there's been a good exchange of material, and it's also left us a little bit confused as to what pieces were in play. My understanding is, after all the back and forth, there are really three slide decks that we represent our thinking to date.

One is very short, which for the moment we're going to ignore, which is a draft that we sent out to the full HIT Policy Committee this weekend, which is really just the highest level outline of our process work, and is, in a sense, the backstop for whatever we decide to present tomorrow. The burden of today's discussion is to decide what to present tomorrow that presumably goes a little deeper than what's in the very short backstop deck that some of you may have seen if you got the HIT Policy Committee mailing.

The second deck, which is germane, is the one that I think is put up on the workspace for the call, which is a 20 or so slide deck that both summarizes the process that we have in mind for the next several months, and digs deeply into phase two, which is what we're on right at the moment. And it includes some draft ideas that were worked up, particularly by Carol and Arien with others chiming in over the last couple weeks.

The reason I'm hesitant to assume we want to present that material to the full meeting tomorrow is that we haven't had a chance to talk through some of the ideas that are reflected there, although obviously I think they reflect some discussions that have been widely held. In that respect, we have, in a sense, backstop material we could present tomorrow. We can choose today to go deeper into some detail based upon what we look at in the next few minutes, or we can decide we're not ready to do that with the full policy committee, and that's a fair judgment we need to make.

What we've done is we've then broken out thirdly a set of just four or five slides, which are more granular about the phase two issues, as sketched by Arien and Carol. We'll look at those subsequently. Those are the least cooked, if you will.

W
I hate to interrupt, but any speakers who currently have the speakers on their computers on, if you could please mute them. We're getting a major echo on the call for the people who are on the computer.

David Lansky – Pacific Business Group on Health – President & CEO
Great. Thank you very much for that. The slide deck that is on the shared workspace and was sent out via e-mail recently as, I think, draft phase two recommendations 2010, February 16th, V1-2, someone else can tell me if that's the correct document, PowerPoint. That should be our working document for the next few minutes, and it has in it roughly 22 slides. I think this is the one that has a duplicate of slide 12 and 13, so be advised. My belief is that's the one we will go through first. Let me just stop there and see if Judy or Farzad has any correction to that assumption that I am making.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
No.

David Lansky – Pacific Business Group on Health – President & CEO

Okay. Then my thought is, let's go through that and see if we're comfortable with this slide deck as a master, and if we are, we'll make whatever changes we wish to. This is what we'll use tomorrow with the policy committee. Then we can go into a little bit. You'll see, as we go through this, after slides 12 and 13, we have not included some granularity here thinking it was … we have not really cooked it ourselves, and it may be too much detail for the policy committee to even look at, but that's fine. My hope is we can get to agreement on this deck or some version of it for tomorrow, and then turn our attention to the new material that's in the supplementary deck, which is called phase two February 16th. We'll come to that later.

With that, let's look at the slide deck under February 16th, V1-2, and I'll just see if we have it on the shared space. We can just start going through that, whoever is steering. We start with the restatement of some things we talked about before, the definitions of the NHIN, highlighting the set of policy standards and services. The next slide, the context of our focus on meaningful use, and our focus on achieving the stage one goals, and flagging the information exchange elements for stage one.

I'll just go through these until someone hits and alarm that something here doesn't ring right. Next slide, we've identified now six phases. We haven't fully discussed this as a group, but I hope this is consistent with what we've said before, and you'll see a little more detail on each of these, as you go through the deck. The first phase we've done, which is to flag the key elements. Phase two, we're discussing literally today, which is the role of intermediaries or we're now calling enabling organizations. Phase three would be for next month, which is on proofing authentication. Turn to the directories issue in April, flush out the trust fabric in June and, over the summer, complete our proposals on governance. That's a high level. We'll come back to this in a few minutes.

Next slide, this is a new slide, and we may want to just take a minute on this now or come back to it shortly. This is an important proposal, in effect, and I know the graphic is a little blurry, at least on my representation. But essentially what this graphic, left to right, is meant to represent is a continuum of complexity in the information exchange applications that we want to support, and it is meant –I know Wes is on the call, and just flag this as well—it is meant to say that we will support a simple interoperability framework where there is existing trust relationships and existing mechanisms for information exchange, which may be as simple as e-mail, under this rubric on the left of less complex.

We also have spent much of our time discussing, I'll call them, middle level of sophistication where we would take advantage of the authentication proofing and directory services this committee has spent some time on, and articulate that at a nationwide level under this middle section, the turquoise-ish colors of the continuum. And we had also acknowledged there is, through the NHIN CONNECT platform and the NHIN collaborative, a more robust, more sophisticated level of information exchange, which we hopefully will gradually increasingly support, but we have not spent time in this committee really working that through.

In a sense, we have been in the middle zone, and we are positive that there is both a less complex and a more complex level of information exchange services, which we acknowledge, and we want to embrace and allow different types of users to be at whatever level makes sense for them. Conceptually, let me just pause there and ask the group here if they are comfortable with that very crude, high-level framework and with presenting it in public tomorrow, and to also improve upon my characterization of it.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner

David, this is Jim. The only suggestion that I might have for that slide is the second bullet. We may want to say, "To date, development is focused on supporting more robust exchanges," instead of "the most robust exchanges".

David Lansky – Pacific Business Group on Health – President & CEO
Yes, that's good.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
It makes it consistent with the graphic, and it also doesn't assume that, for instance, CONNECT is the most robust exchange tool available.

David Lansky – Pacific Business Group on Health – President & CEO
Let me just ask, by the way, Mariann, are you on the call? If so, are you able to capture some of these suggestions?

Mariann Yeager – NHIN – Policy and Governance Lead
Hello, David. Yes, I'm on the call, and I'm capturing them real time.

David Lansky – Pacific Business Group on Health – President & CEO
Great. Thank you. Other comments…?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Hello, David. It's Wes. This slide specifically does not say that this is an evolution over time. In other words, it doesn't imply that we will be doing away with less complex, as we get to the most robust. However, I'm afraid some people may read it that way. And, in particular, I think you've got sort of a middle out evolution over time rather than a left to right evolution over time. I don't know if you can capture that in a couple of words, in a bullet, or not, but this slide, like this naturally get read as sequences over time, even though they clearly don't say it.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, that's a very good point, and clearly not what we specifically intend. I think the idea of having, allowing multiple layers of complexity to coexist, the committee has talked about.

Neil Calman - Institute for Family Health - President & Cofounder
This is Neil. Maybe what would help is to take off that little arrow at the top of the rainbow of colors.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, you're right. Let me see if we can perhaps add a bullet point highlighting the fact this is not meant to be a linear sequence, and make the diagrammatic change Neil suggests as well. Other comments?

M
I think the first bullet actually, you know, states that the tool may be – you may need different tools for different jobs.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I think everybody who knows what you mean will get what you mean from the slide. Actually, I think probably Neil's suggestion was the most on point. There's something about it that was leading me to think it was time, and maybe it was that arrowhead.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO

This is Micky. There may be a way of doing the graphics. I don't know who the graphic artist is, but there may be a way of doing the graphics to show that that less complex three pipe configuration there actually stays with each of the other ones, so that you can see it as a discrete layer that will always exist. I don't know how to do that.

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Neil Calman - Institute for Family Health - President & Cofounder
Also, the wording of the first bullet, instead of saying "from simple to very robust", which also implies that we're sort of moving from something to something else, you could say, "Including simple local applications and very robust exchanges," so that it doesn't look like you're sort of moving from one thing to another.

M
Good.

David Lansky – Pacific Business Group on Health – President & CEO
Good. Thank you. Any other words on this slide per se? We'll move on, if not. Okay. Go to the next slide, key elements, this is material we've already presented to the policy committee. We can go ahead. Next slide. We've talked about this prior: directories authentication, trust fabric.

Next slide, these are the recommendations we represented to the committee last month. People can certainly glance at it, but I'll just move us forward to the next slide. This is the straw case that was also presented last time. It's pretty much raw material. I haven't compared this picture, Farzad, to the version we used last month, but is it identical, or has it been modified at all? I think it's identical.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
I don't believe it's been modified.

David Lansky – Pacific Business Group on Health – President & CEO
Okay. The one caution I have about this is we have not embraced all the terminology on here as terminology that we consistently use or is vocabulary. We aren't, for example, referring to HSP's in the rest of our slides. This slide was cooked a little bit early, and now we have to live with it, and migrate our public communications to it, or we could put it aside until we have finished doing our work. It's largely a communications problem. This was useful to illustrate something, but going back to Wes' point, this may overrepresent our picture of what the national environment looks like.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
This is Micky. I'd vote to remove it. I think it's distracting in a number of different ways.

David Lansky – Pacific Business Group on Health – President & CEO
Any other comments on it?

M
It may well be all that. At some point, we need to get down a brass tack, and I sense the hesitation to commit to a model that incorporates the policy and technology and architecture. But until we get there, there's a limit to how much we can start, we, ONC, can take action. Recognizing that we're talking about helping providers achieve meaningful use in 2011 and 2012, time is running short.

David Lansky – Pacific Business Group on Health – President & CEO
Then maybe we should redo the slides.

M
Sure. But I think we can maybe – maybe, David, your suggestion of coming back to it at the end is a good one.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, it may be, in terms of presentation, I would vote that either we remove it or that we keep it and verbally, I say, this is a reminder of a model that we looked at last month. The committee is in the process of revising it based on the continuing work we're doing, etc. We can come back to that decision.

Then moving into a little more granularity now about the phase two report that is really the burden of tomorrow's presentation. I'll just mention for everyone's benefit, tomorrow is going to be an extremely full day for the committee, and they're going to be getting into a lot of tougher discussion about the meaningful use NPRM comments. So this is going to come at the very end of a long day, and we'll have a fairly limited amount of time. I suspect this won't be the moment to try to really educate the whole committee about some of the nuances of our discussions.

For that reason, I think we should tilt, at least in terms of the public presentation, toward a relatively suggestive and lean version of our comments. Anyone who is tempted to get into a lot of detail today may not be something that we'll reflect tomorrow, but obviously we can capture it going forward.

The title slide here on page 217, you can go to the next slide on the projector. Yes. Title slide, we've tweaked the wording here. We used to the word intermediaries, and we all talked last time about the hierarchical sound of that and the over-controlling sound of that, so we have changed the wording in two ways. One is to say enabling organizations, and the second is to remind everyone that this is within a framework. We're not just leaning on the organizations to manage the technology or the platform, but it's within a framework that we are working on. That's an editorial positioning spin.

Next slide, here this is beginning to capture some of the work we've done in the last couple weeks, and may be worth some careful discussion. I'm tempted to say we should run through the entire deck and come back to these slides one-by-one. Let me just see if that's going to get us confused. No, I think, let's just pause here and talk about this slide for a bit because this is new.

Going back to the previous slide we just talked about with the three stages, in a sense, this slide clumps those together where level one, I think, is meant, and I'll ask whoever developed this slide to comment on it. Level one, zero and one are meant to try to capture the themes that were in the simple interoperability proposal. Levels two and maybe three is where we have been talking in our committee. The problem with level three, the challenge with level three is the portable patient record, which we have not yet spent a lot of time on, especially the patient access components of that. Level four has the data lookup, the directory functions, and full capability implied by it.

Arien Malec – RelayHealth – VP, Product Management
David, this is Arien. Since I'm the guilty party for the slide, the intent of this is to say, as you just described, to put the work that we're doing in an overall continuum, and to capture the point that there's a lot of activity at the level zero and level one levels that are currently existing and currently taking place, and that there's a lot of work at the level three and level four-plus that we have not put a lot of focus on in the workgroup, and that we're really focused on the standards based areas of level one and level two.

There's this notion of levels, and the main point is the continuum and the focus, the place that we're focusing.

M
Arien, since you're the guilty party, Wes argues in one of his blogs that what you're calling level three actually could be thought of as a form of almost level one.

Arien Malec – RelayHealth – VP, Product Management
Yes, and I don't disagree with that. I think the only thing that I was trying to state here by placing it on a continuum is that there's a whole set of identity assurance and trust implications to sharing data with patients that this committee or this workgroup hasn't yet spent a lot of time on, and so my belief is that you can probably get there on a standards basis, but that there's a whole set of trust and policy issues that we haven't yet wrestled with.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
This is Micky. I think we need to have a single framework. And it seems to me that just with slide five that had those various pipes in this, we're sort of introducing two frameworks. And this has some of the problems, I think, that we were just talking about with slide five could suggest an evolution where I don't think that's what we're talking about, right?

M
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
I agree with you about the single framework, and I also agree that this does, especially because this same background graphic has been used to suggest a time continuum on stages one, two, three.

M
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
This visually implies an overlay with the larger meaningful use timeframe, which we don't want….

Neil Calman - Institute for Family Health - President & Cofounder
Yes, and there's another problem with it because, from the level four work that's going on, and a lot of that isn't even addressing things in level one or level three, right? There are people working on this universal patient data look up stuff, but they're not really working. That doesn't really include, necessarily, work on the simple direct communication piece between providers and surely doesn't necessarily include work on uploading to PHRs. This sort of looks like you're kind of building to the more complex. In fact, these are sort of different things, like I think the prior view of it was sort of better.

M
Maybe we could take some of the text here and move it back into the non-directional pipe?

M
Or we could just use these concepts as talking points on the nondirectional pipe slide.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, I think that's a good idea….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I think that most of the words here, sometimes they're assumed from level to level. For example, level one is based on existing trust and contractual relationships. Level two is not. Level three isn't characterized in that regard, so it's hard to know. I think most people, and me, and I would imply that it builds on level two. But the bottom line, I think, if you're going to talking points under the slide, that's fine. I'm cognizant that we're not going to create a new graphic between now and tomorrow, but I think there's some graphic around concentric circles ultimately that will be illustrative. Either that, or we wait until everybody gets the hardware, and we do it all in 3-D.

David Lansky – Pacific Business Group on Health – President & CEO
I take a general sense that we can use the ideas and content and some of the wording here and map it back to slide five, and create a new slide five, which captures the relevant ideas at this level of summarization. Mariann, you and I can think about that. Maybe Arien can weigh in. Does that change, sit well with everybody?

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Neil Calman - Institute for Family Health - President & Cofounder
Yes.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
David, this is Jim, and I'm certainly supportive of that approach. I do have a question about the words that are repeated a couple of times in here for authorized care. Arien, can you shed some light on what you mean by that?

Arien Malec – RelayHealth – VP, Product Management
The notion there was making the basic point that we've articulated a couple of times in the workgroup that the care paths are for HIPAA authorized care where there's an existing legal framework that governs the sharing of data, and that the work that we're doing here isn't primarily to create new, legal frameworks for the data sharing, but simply to create the information paths.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Okay.

Arien Malec – RelayHealth – VP, Product Management
The point is that in, for example, a lot of the more complex work that the engine collaborative is currently doing, there is a need for a much more complicated legal framework that governs that exchange of data. And, as we've been saying, many of the communicational paths actually mirror the paper and fax communicational paths that are currently in existence.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
The comment came from Jim, right? The question came from Jim?

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Yes. I'm sorry, Wes. That was me.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. I think, in that context, it raises a particularly cogent point, which is that your application, which conveys consent in the outgoing message, gets down to a point where if the physician's office trusts the

UR, the Social Security Administration, they don't have to. That creates the trust relationship. So there is a nuance here important to this particular application that we may not have captured completely in the language. But, nonetheless, I think that is important to recognize downstream, not for tomorrow.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Again, I'm fine there. I'm just afraid that if we use the words "authorized care" since that – it's kind of a conglomeration of what's in the draft rule, which talks about care coordination and other authorized purposes, I believe. Anyway, okay. I just would caution against using the words "authorized care". I think they're confusing.

David Lansky – Pacific Business Group on Health – President & CEO
As we make the adjustments to slide five, we will tread carefully. Anything else on this slide before we move on? Let's go to the next slide. As I mentioned, I think the next two slides are, unless they've been changed in the deck, essentially the same, so it's a matter of a little grammar. We can look at this one. The proposes here are several assumptions for our work in this space on intermediary … organizations.

They should not interfere with the exchanges taking place today. In other words, these are not overriding control points. Over time, exchange should be broadened to encourage existing exchanges and enable new ones to support interoperability … security. I'm not sure about the wording of this one. Again, I'm not sure where it came from, but there's a lot of exchanging going on in this bullet point. See if people have a better way to capture this idea.

This maybe is to the time linearity question. We do want to enable the existing capabilities for information exchange to be expanded, not to be displaced by some new central layer. As we do so, we want to improve interoperability and increase the capabilities on privacy and security. I think that's the thought. Let's see if anyone else has an improvement on that thought.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
David, this is Micky. I don't know if the presentation later talks about this, but this question that we've been grappling with over the last week and a half or so is the alignment with the state level HIE program. I don't know if this is the place to say something about that, or if that comes up later.

David Lansky – Pacific Business Group on Health – President & CEO
It doesn't come up later, and I think it's a good place to raise it. It's possible we could add a few layers of detail here and talk about both the emergence of the state level exchange function, especially with the new grants, but also the existing exchange capabilities, whether they're from regional HIEs or from enterprise based, and remind the audience that we're cognizant and supportive of those other functions that are already in place.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
I think both of those make sense.

David Lansky – Pacific Business Group on Health – President & CEO
Mariann, let's work on maybe a couple sub-bullets here and rework this language offline to capture that.

Mariann Yeager – NHIN – Policy and Governance Lead
Okay.

David Lansky – Pacific Business Group on Health – President & CEO
Any other thoughts people want to flag on this idea?

Arien Malec – RelayHealth – VP, Product Management
Yes. On the same theme, does this slide make a different point than the continuum slide with the cogs, or can we make these points? We may be overloading that slide, but can we make some of these points in that context?

David Lansky – Pacific Business Group on Health – President & CEO
I agree, I think it's complementary and slightly different emphasis here, which I don't think violates the meaning of slide five unless people just get confused. We could reorganize the sequence and make these points at the same time that we lay out the slide five points. That might make sense just conceptually. No other comments on that one? Let's just keep going.

Work in 2011 won't inhibit more robust exchange later. That's, I hope, obvious. And we're going to recognize common elements of a trust fabric. We'll come more to that in just a few minutes as to what we mean by that in more detail.

Going to the next slide, which is essentially the same one, same … let me go back one slide. Let me just wrap up and see if people have any other high level assumptions they want to articulate at this stage in the build. Okay. Hearing none, let's go on to the next slide.

This is a summary of some of the things we talked about in our workgroups. Under the area of standards and the services that are enablers, we would expect a system to comply with all the applicable standards and services, as addressed in a set of technical specs. These standards, services, and specs would enable a provider to transport information over the Internet in a secure and trustworthy way. We will focus on well established standards for transport, which is maybe a way of saying we are not going to focus ourselves on the standards for content. Standards for simple exchange would need to be interoperable with more complex models and be able to scale nationally. And we are working on the types of technical requirements.

Neil Calman - Institute for Family Health - President & Cofounder
This is Neil. I don't understand the second to the last bullet. Does that imply that simple exchanges would end up at some point going through these more complex models? I mean, once they're simple and they're accomplished, why would they need to necessarily become part of more complex models?

David Lansky – Pacific Business Group on Health – President & CEO
I interpreted that to mean only that they were not part of an interoperable … and if I'm participating in a simple exchange, I can also transmit a message into the more complex exchange partners, and I can receive messages from them. But I'll see if maybe Wes or Arien can have a better response to that.

Arien Malec – RelayHealth – VP, Product Management
I think the other point is that if I'm currently participating in the NHIN collaborative work, that I should also be able to participate in the simple exchange work, so it's both, I can scale from simple exchange to doing additional things on top of it. And, if I'm already doing the more complicated things, I can also do the simple things.

M
This is getting to the point you were making, Neil, that the more complex systems sometimes aren't able to do the simpler thing.

Neil Calman - Institute for Family Health - President & Cofounder

Right. No, I understand. I guess I read it differently. It sounded to me like we were sort of thinking that the simple exchanges would, at some point, pass through the more complex models, as opposed to being able to be maintained as they were, and then have the complex models, which serve other functions.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. I think this finding is capable of multiple interpretations. One interpretation is that, well, first of all, one interpretation of simple interoperability is that our approach to interoperability has suffered from death by requirements analysis to the extent that some of the requirements in the NHIN standards are extremely complex to implement. This bullet could be taken to imply, well, we're going to do the requirements analysis all over again, and see whether a simple interoperability can somehow survive or not.

And, to an extent, I think that's true that if in fact we end up saying it doesn't meet some fundamental set of requirements or it's too late because this NHIN stuff was already done, and it has to be compliant with that, then we've got one good example and one bad example of how the analysis could come out. I think there's a certain concern that if the people who did the original analysis do the second analysis, it'll come out the same way.

M
Are there any proposals for how to deal with this bullet?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Well, how about saying standards for simple exchange – how about saying, entities performing simple exchange would ultimately need to interoperate with the more complex models.

M
Or maybe put the burden equally on the two.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Right. Yes. Yes. There must be an engagement between simple exchange and the more complex models.

Neil Calman - Institute for Family Health - President & Cofounder
That works, something like that.

M
Organizations enabling simple and more complicated exchange must work.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I think, ultimately what we're saying is that we need to find our way through the standards and policies on both sides of this equation to create a meeting point, so it is ultimately on the government to find that. All I'm trying to do is avoid saying that the middle level is a given, and everything has to be modified to meet with…. The standards for simple exchange and whatever we call the middle model needs to become compatible.

Arien Malec – RelayHealth – VP, Product Management
We should also find, if it's not in this point, in some other point, a way of expressing Neil's point that you can't do the simple things currently with the current collaborative model, and that there's a desire for the NHIN collaborative participants to be able to do the simple things as well.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. I guess the question is, the implication there is that somehow doing the things required to be a collaborator—pardon the expression—would preclude you from doing anything else. That's an odd implication, I think. You know, if I'm participating in this rule of governance, that doesn't mean I can't be participating with someone else with their governance.

David Lansky – Pacific Business Group on Health – President & CEO
For our meeting purposes now, we just need, Mariann, a way to phrase this briefly.

Mariann Yeager – NHIN – Policy and Governance Lead
How about the information exchange model should be compatible and able to scale nationwide?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
No, that's—

David Lansky – Pacific Business Group on Health – President & CEO
I liked where Wes was going with both the technical and policy recommendations that we make need to—

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Need to support--

David Lansky – Pacific Business Group on Health – President & CEO
…interoperability….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
--both models working together, simple and more complex models working together.

David Lansky – Pacific Business Group on Health – President & CEO
Is that all right with people?

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Neil Calman - Institute for Family Health - President & Cofounder
Yes.

M
Yes.

M
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Any other thoughts about this slide … concern or things we missed at a high level? All right. Let's move on to the next one. On the policies for confidence assurance, recommendations for a framework for trust among parties to the exchange. Address the need for assurance, the data someone provides is trustworthiness, assurance of identities of parties, and trust that entities will not in a malevolent way. This is essentially an admission to our committee to develop such policies or recommend them to the policy committee.

Arien Malec – RelayHealth – VP, Product Management
We have not addressed the first point. We've never stated that there should be assurance that the data that someone providers is trustworthy. Rather, we said that the data that someone receives is in fact the data that an authorized participant has sent, and those are two different points.

M
Right, the data has not been altered is as far as we've gone, I think. That it comes from who we said it comes from, and it hasn't been altered.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes, that's a different major bullet, right? That's about security. The major bullet here is there clearly needs to be a framework of trust implicit or explicit, moving towards explicit. I guess, always explicit.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
If we want to be comprehensive, we have to talk about the other components too, right, like they're not going to use the data in a way that I don't know about. That I'm going to have access to it when I need it. That it's not going to be destroyed or altered, and so forth. It is strange….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. The data is trustworthy, as a statement, and the trust that … will not act in a malevolent way, gosh, I'd like to get that level of trust anywhere, any place, you know. I think that what we're really talking about is that someone receiving data acts as a good steward for the data, that the consequences for failure to main stewardship are understood and agreed to. And I'm trying to think about what to say about the sender of the data. That the sender of data has been a good steward, I guess. But I think the language here just gets sort of beyond the level of trust that's typical in a trust framework.

Arien Malec – RelayHealth – VP, Product Management
I suspect that some of this language came out of some discussion that Carol has been talking about that relates not to the endpoints in the exchange, but to what we're now calling enabling organizations in exchange. And so she's been making the point pretty consistently that there needs to be mechanisms for redress and remediation for these enabling organizations. I'm wondering if that's what these bullets are intending to express.

Mariann Yeager – NHIN – Policy and Governance Lead
Just to clarify, that is where some of this content came from was that very discussion, Arien.

M
I guess the question is, do we agree with that first.

David Lansky – Pacific Business Group on Health – President & CEO
This comes to the question of how big of a scope do we think the trust framework that we speak to should be. There's a narrow scoping, which we could probably agree to, like identity assurance. Then there's a much broader scoping, which we haven't really talked through.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
It's not clear how much is found in this finding. Have we found that there is a need for recommendations, and that these are the things that we need recommendations about? I would argue that you could take that big bullet and say recommendations are required, a framework for trust among parties to the exchange, sub-bullet endpoints, sub-bullet intermediary organizations, and then define what is required

for oversight transparency … enforcement as a second bullet. And you would correctly be conveying the agenda that we need going forward.

David Lansky – Pacific Business Group on Health – President & CEO
The bullets on the second bullet, Wes, the terms "oversight transparency, etc.", may not capture the content that was implied by the first three bullet points.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I agree. I was trying to do a little evasion by generality here.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. I was wondering if there was another general term to add to that second grouping that would capture the assurances that are implied above.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I don't think we're clear. I think the second bullet, the second of the existing bullets is clear. The first and the third, I think, are very controversial, even within our own committee. That is, what do we mean by trustworthy data? What do we mean by acting in a malevolent way? Those, to me, seem to extend beyond. They're good virtues, whether they're virtues that can be defined, overseen, accounted for, addressed, and have enforcement, I don't know.

M
I think we have to answer the meta-question that Wes raised, which is, what is the big bullet saying? I'm confused about that. Is it saying that these are recommendations that the group has come up with? In which case, I don't think that we're in a position to say that. Or it's saying that there is a need for recommendations.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
I think the latter. I wonder if we focus on the secure transport on the level one and level two, whether that might simplify the requirements. Clearly there are going to be the need for policies for confidence assurance. But I don't think they extend to, for example, that the data that someone provides is trustworthy. We're really focusing on their role as agents in secure routing, right?

Deven McGraw - Center for Democracy & Technology – Director
This is Deven McGraw. The only thing about focusing just on security, Farzad, is that you've got absolutely nothing in there about, no concept of sort of what are appropriate uses of sort of transporting information through a network, which often gets to the heart of what people are really concerned about. The security piece absolutely….

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
No, I agree with that, Deven. I was, earlier, saying that what might be in scope is what the network actor does with the data, whether they skim some off the top or not, whether they store it or not, whether they sell it or not, whether they do business intelligence with it or not. But that's in their rule as basically like the ISP does, right?

Does Comcast have a right to sell the information in aggregate about what people are surfing? That kind of thing, which is, they're really, only in their capacity as the routing agent. What Comcast is not responsible for is whether the content of the e-mails are true or not true. It's absurd to think that Comcast is responsible for the truth of the e-mails that people are sending.

Deven McGraw - Center for Democracy & Technology – Director
Right. Yes. I totally agree about the trustworthiness of the data issue. Where that breaks down a little bit is with respect to, that analogy doesn't work as well with respect to the purposes for which people can access these networks because Comcast, as a business, has probably greater ability to manage data than one might want in creating these health networks. It gets to the….

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
I don't know.

Deven McGraw - Center for Democracy & Technology – Director
…level.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
If we're talking about secure transport and simple interoperability, then I'm signing up to receive e-mails. That's what I'm signing up for.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. This is a little reminiscent of the Google buzz fracas from over the weekend.

Deven McGraw - Center for Democracy & Technology – Director
Yes, not great analogy. I mean, I see what you're saying, Farzad. I think I was thinking that we had scoped this out a little bit farther down than just exchange of secure e-mail.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
I think that's the base scenario, and it's been very helpful to us to not try to solve the much more complicated uses and to stick with the secure transport.

Deven McGraw - Center for Democracy & Technology – Director
Yes. That totally makes sense.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Now I'm confused about this slide, although I support anything that argues for simplicity. But this slide seems to be talking about the full spectrum of things that we had described on previous slides, right?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
As I recall the need for this slide arising, and it was Carol who argued for it persuasively, it was that even if you're only doing secure transport, these organizations are going to need to be trusted. Now what we need to trust them to do is more limited than an organization that can look in your inbox. But we should just note and develop policies for how there can be trust by the users, by the end users in these organizations that provide secure routing.

There is a need, if someone is a bad actor, if someone does look into the packets and do something they're not supposed to do with it. If someone does decide not to deliver or hacks your mail, if someone does not reliably do things or whatever, that there should be transparency, redirect, and so forth.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
If you just take this first bullet and change it to enabling organizations, then most of the quibbling about the sublevel bullets goes away, right?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner

I would say to the first sub-bullet should be deleted, and there probably needs to be a sub-bullet added around reuse of the information.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Reuse of information, yes. Yes.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Farzad, this is Jim. And I guess I'm maybe a little bit confused about scope here because the first bullet talks about trust among parties to the exchange, which would seem to imply that we have, within our scope, the end user or the information generator endpoints. And I know the second bullet doesn't refer to that at all. The second bullet refers, because I was in the discussion when Carol raised this point, refers to oversight and accountability and enforcement for those enabling organizations. I guess my question really is, are we still talking in terms of a trust framework among parties to the exchange, or only among enabling organizations?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
I thought we were talking about trust between end users and enabling organizations, in order for the end users to trust the enabling organizations.

David Lansky – Pacific Business Group on Health – President & CEO
You're not concerned about whether they trust the other end user?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
That's outside of the scope.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
I would argue that there's an assumption. I think there's an assumption in a lot of what we've done that the organizations, whether they be HSPs or large, integrated delivery networks or whatever, have their own trust frameworks that govern trust within their exchange or contractual relationships or whatever they have, and that we were really not going there. Am I wrong, because I know one of the early slides, one of the summary slides talks about, I believe, organizational trust rather than individual trust. Maybe somebody can clarify for me.

David Lansky – Pacific Business Group on Health – President & CEO
I think this is a matter of our choosing to scope it, as we think we can manage right now, and we can certainly choose to scope it to just the enabling organizations' responsibilities and the enforcement of those responsibilities, and defer on a question of the endpoints' responsibilities and enforcement of their behavior. But I think, ultimately, maybe to Carol's point, someone has to speak to that. This maybe goes to the certification activity as well. What is the certificate authority going to use to assess the credibility of the end users its ultimately authenticating?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Jim, maybe you're right that it need not be as limited as I said, but in order to be an organization that's a trusted member of the exchange, so what do the … things … intermediaries. What do they need to be and have in order for us to let them get a certificate, and sell their services potentially to folks? That does play into whether I trust you enough to establish a contract with you, that you've gotten some sort of gold seal of approval, but it also extends to, when I get a message from you, do I trust you enough, and do I trust you to send it to you. But I think it does bear on the organization that's in the secure transport, not the end user.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
I think it is ultimately hard to separate that though from the contract or the trust that intermediary, and we're not supposed to use that word. The middle organization has with the endpoint. If I'm one endpoint, if I'm on one end of it, I'm going to want to know what contract they have on the other side before I'm willing to sign the contract with them.

David Lansky – Pacific Business Group on Health – President & CEO
Let me see if we can, for the sake of tomorrow, at least go back to Wes' suggestion a while ago that there be two bullets referring to both the end users and the enabling organizations under bullet one, and that we are essentially saying that we know that the work ahead for us is to certainly address the enabling organizations, policies that provide confidence to other parties, and we know we will have to do more work to understand whether there needs to be a national policy recommendation for uniformity about the policies for confidence assurance at the end user level. We aren't ready to speak to that question now, but we've at least discriminated between the two layers of participants in the network and whether or not the policy framework needs to speak to both of them at a national level. Will that be enough to get us off the hook for this week?

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
David, this is Jim. That works for me. I think distinguishing that there are two levels within the trust fabric would be appropriate.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Let's think about why this is here. This is here so that we can start to cone down on what might be requirements for the enabling organizations, right? In terms of getting us a brass tacks.

M
Yes.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
While it may be true that there are separate trust relationships that appertain within the enabling organizations, if we could focus on not just the standards and technology requirements for enabling organizations, the functions they provide, but also the trust characteristics for confidence assurance. I think that would have clear, actionable implications. Right now, if I'm getting these recommendations at the end of the day, I don't know exactly what those requirements would be.

David Lansky – Pacific Business Group on Health – President & CEO
Farzad, my sense is that this finding is, we see that there are these two levels. We recognize that both have to be characterized by some policies, which provide confidence to other parties. At some level, the nationwide network may need to assert that an enabling organization has done its due diligence with the parties that it's connecting. We haven't yet dug deep enough to say what those assurances will be, other than the work we're about to talk about with risk assurance levels … identity proofing. To me, it's implicit.

The identity proofing process is sort of a sub-case to me. It's implicit, at least, of this relationship between the enabling organization and the end user where we, at a national level, may say, to get a certificate from the route certificate authority, you've got to show that you are behaving in a certain way with your users. Whether that is only a subset of the criteria … the conditions that have to be asserted. That is, there are other policies around data misuse, etc.

Your ability to enforce certain behaviors across your user network, we haven't talked about that yet. Maybe we'll say no, we're not going to say anything that a given enabling organization has to do certain,

or has to kick someone out of the network if they misuse some data, for example. Maybe we'll be silent on that, but maybe we'll speak to it. I think that's where Carol's logic was going. The easiest path is just to speak to identity proofing. But that may not get us to trust, to confidence assurance. People, speak up if I'm going down the wrong path with this. I may be off track.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
That's fine. I'd just like some more concreteness, if the workgroup could provide it, on what it is. I don't think it's that complicated if people could start putting some words on the paper. There are some words on the paper there. They don't seem to be the right words. If there are any alternatives, that would be good.

David Lansky – Pacific Business Group on Health – President & CEO
My feeling is, we haven't thought about it enough yet to put too much there, except to differentiate the two levels and say we're working on it, and we realize we will certainly speak to the policies for confidence assurance for the enabling organization, and we're going to look into how deep we need to address it at the requirements, as they pertain to end users.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Let me just ask. I think we're on soft ground around the end users, and at least high quality peat around the enabling organizations. I mean, we don't expect – we expect certain things of them very strongly, but sort of the fuzzy issues around long-term data use and things like that are not as firm. I would think we could say for intermediaries that the data is handled reliably, that it's transferred reliably, that identities are properly assured, and that there is no implicit third party use of the data. And if we got kickback on any of those tomorrow, that would be important information to have because they seem to be so straightforward. I can't say the same for the end users though.

M
How do people feel about the ones that Wes…? That seems fine to me.

Arien Malec – RelayHealth – VP, Product Management
I would. This is Arien. I would just add securely, and I think that's fine as well.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes, I would go for…. I haven't been able to advocate insecurity yet.

David Lansky – Pacific Business Group on Health – President & CEO
Wes, you talked about no third party use of the data, reliable and secure transfer of the data, and the….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
And, yes, authentic identities, right. And it's clear that we're addressing those at an appropriate level. We don't need to add words, but just to make sure everybody understands. We don't assume that all of the different places on the spectrum would have the same level of requirements for authentic identity or the other thing.

David Lansky – Pacific Business Group on Health – President & CEO
The proposal, I think, on the table is to say there are these two levels, the end users and the enabling organizations. The enabling organizations, we have a preliminary finding that we would need to address these three requirements to support confidence, to create confidence assurances. And we have not spoken to whether or not we will address end users.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Fine with me.

David Lansky – Pacific Business Group on Health – President & CEO
Any other reactions to that?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
This is Micky. I think that makes sense as well.

David Lansky – Pacific Business Group on Health – President & CEO
Thank you, Wes. That was very clarifying. All right. We move on. Any other comments on this slide, as amended? Okay. Moving on, role of government, the aim it to minimize government intervention to make the services more available. Maybe we want to rephrase that, but I think we know what it means is to make the services more available while minimizing – without excessive, unnecessary, government intervention. Increase the interoperability of the exchange and strengthen privacy and security over time.

Deven McGraw - Center for Democracy & Technology – Director
I would definitely vote for some rewording so that it doesn't look like we're necessarily advocating for minimal government intervention to strengthen privacy and security, especially with respect to enforcement of current law. Maybe we just separate those concepts. I'm not advocating that the government handle it all, I think you'll raise some red flags if you're suggesting minimal government intervention in that space.

David Lansky – Pacific Business Group on Health – President & CEO
I think, if we're going to begin with the aim, we should leave it to three aims that are implied there, and then characterize what we think the government rule is … degree of government engagement. I guess it's more of a philosophy we wish to take to this, which is to use government services and roles where necessary to achieve those three goals.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
You're right, David, but, Deven, if we don't follow what Deven says and highlight it, then Gayle Harrell certainly will remind us of the need to put the privacy … you know, to maximize privacy and security in every single slide.

David Lansky – Pacific Business Group on Health – President & CEO
Can we find the right words to characterize these three aims, and we say, "To maximize privacy and security, and to increase the availability of the services, and to increase interoperability." Basically use government resources and roles to maximize privacy and security, increase interoperability, and increase service availability. Does that get us there?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I have a problem with maximizing privacy and security. We can do that by taking down the wires.

M
Insuring, insuring privacy and security.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes, or … yes. Insuring, right, that's good.

Deven McGraw - Center for Democracy & Technology – Director

That's safer.

David Lansky – Pacific Business Group on Health – President & CEO
Evolving this toward, "To use government," just government or government services or government authority, to insure privacy and security, etc.? Any thoughts on the right characterization of government in that sentence?

Arien Malec – RelayHealth – VP, Product Management
Outside of the issues of privacy and security, I think the availability and interoperability. I think the point is that we don't expect government to run the services, except as appropriate for federal providers, for instance. But government has a key role in laying the framework that increases availability and increases interoperability.

David Lansky – Pacific Business Group on Health – President & CEO
Why don't we separate this into two points then?

Deven McGraw - Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Deal with the privacy/security one first and separately.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
What about using the word "appropriate" instead of "minimize", which Arien just used? I guess I liked thinking about it as an appropriate use rather than saying something about minimizing.

David Lansky – Pacific Business Group on Health – President & CEO
What was the full phrase you had in mind, Micky?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
Well, the words might have to change a little bit, but something about the aim is to have an appropriate amount of government intervention to make the services more available and to increase interoperability, and then we'll have a second point about maybe it's also appropriate again to insure privacy and security over time.

M
We had recommendations that were accepted by concensus that the role of government should be as little as possible, but not more than that, as little as necessary, but no more so. And I think it's an important sentiment to carry through, Micky, that we're not building. We're not going out of our way here, or we shouldn't go out of our way here to have a government, government do anything unless it is really important for government to do that, to either insure privacy and security, or to increase the scale and efficiency.

M
I don't think that appropriate conveys anything other than that.

M
I agree.

David Lansky – Pacific Business Group on Health – President & CEO

If people are stuck on the word “minimize” because that was a part of the conversation, then I think that’s fine. I certainly don’t want to propose changing a recommendation here.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I have trouble with the word “appropriate” in that it’s recognized by everyone as meaning exactly what the speaker finally decides he intended to mean by it.

Deven McGraw - Center for Democracy & Technology – Director
Yes, but to a certain extent, we haven’t figured out exactly what the level of government intervention is that’s needed in some of these areas.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
So we’re trying to establish the appropriate level of government information against the principles of minimal intervention to allow – I guess now I’m reading this bullet more carefully here. We’re trying to establish the appropriate level of government intervention against principles that say that, overall, minimal intervention increases the ability of the private sector to provide efficient and innovative solutions. At the same time, a total lack of intervention would create risks to privacy, security, and interoperability or something like that. Again, I recognize we’re trying not to monkey with the wording.

Deven McGraw - Center for Democracy & Technology – Director
Yes. I still think that it’s a good idea not to lump privacy and security in with interoperability and other services because I do think that using minimal or least necessary with respect to government intervention on privacy and security is just going to send up all kinds of red flags that maybe wouldn’t be the case in other areas.

M
Maybe what I’ll put in the bucket with privacy and security is trust then. Would that be okay with you?

Deven McGraw - Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
The first bullet will lead with this last thought, and the wording, Deven, did you have a wording you ended on that was…?

Deven McGraw - Center for Democracy & Technology – Director
Let me try to think about this, as we move on, and I might be able to suggest something. I’m terrible at wordsmithing on the fly.

David Lansky – Pacific Business Group on Health – President & CEO
We … something like insure, okay.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I’m from the government. Trust me.

Deven McGraw - Center for Democracy & Technology – Director
That’s how it all starts.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Why is that funny?

Deven McGraw - Center for Democracy & Technology – Director
I trust you implicitly, Farzad.

M
I'm from Google. Trust me.

Deven McGraw - Center for Democracy & Technology – Director
I didn't laugh at that.

David Lansky – Pacific Business Group on Health – President & CEO
…breaking the first one up into two. One is to insure privacy and security, etc., and the other is to utilize government roles in ways that enable interoperability and service availability. We have some wordsmithing to do on both.

Neil Calman - Institute for Family Health - President & Cofounder
Can somebody tell me what the purpose is for the second bullet and why government has a role in acknowledging? I don't really understand what the purpose is of the second bullet.

David Lansky – Pacific Business Group on Health – President & CEO
I think it's a little too compressed. I think the gist, Neil, was that as we looked at the meaningful use criteria that required information exchange, your typical provider out there in the wilderness didn't have any obvious way to achieve those capabilities unless someone offered a set of information exchange services.

Neil Calman - Institute for Family Health - President & Cofounder
Could we just say that in a more positive way?

David Lansky – Pacific Business Group on Health – President & CEO
Yes. Maybe we could say it constructively that the workgroup wants to enable services, which will in turn enable providers to be successful with meaningful use.

Neil Calman - Institute for Family Health - President & Cofounder
Acknowledge the need to help to develop a simple standard for providers to engage in stage one meaningful use.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Neil, this is Jim. I will go along with your concern, though, and your initial question, what does that have to do with the role of government? Are we saying that the government has a role in establishing a simple standard way for providers to engage in stage one interoperability?

Neil Calman - Institute for Family Health - President & Cofounder
I think that's what we're doing, isn't it? I mean, we've acknowledged that there's no simple way, and you all are putting a tremendous amount of work into trying to develop something to help providers meet meaningful use, so I think government is playing that role.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
Then I think we ought to say it.

Neil Calman - Institute for Family Health - President & Cofounder

Yes, that's what I'm saying. I think it should be said in a positive way that that role is being taken on in order to enable providers to meet stage one meaningful use.

David Lansky – Pacific Business Group on Health – President & CEO
I think that's fine. There's an implicit statement that the market … market timing won't be such that this need will be satisfied without both addressing the public interest concerns about privacy and trust, but also that just the timing of the incentive payments, you know, it's a catch 22 that there's not enough market demand to stand up these functions based upon existing pull from the market, so the government is proposing both with an eye on public interest and an eye on the market failure that precedes us. But I don't know if you want to say all that at this simple point.

Neil Calman - Institute for Family Health - President & Cofounder
I think it's enough to just make a positive statement that the government is acknowledged in playing a role in helping to develop a standard way to meet stage one meaningful use.

David Lansky – Pacific Business Group on Health – President & CEO
Is everybody okay with that? All right. Any comments on that last bullet point, which builds on the previous?

Neil Calman - Institute for Family Health - President & Cofounder
Actually, you could combine the second and third bullet. They really both basically are trying to make the same point.

Deven McGraw - Center for Democracy & Technology – Director
Yes, which suggests that maybe those two points together cover the minimal intervention that you're talking about with respect to the sort of services and interoperability, and we just need to craft a second bullet on trust and privacy and security.

Neil Calman - Institute for Family Health - President & Cofounder
Yes, that would work.

David Lansky – Pacific Business Group on Health – President & CEO
I get that. Mariann, have you captured that, combining the second and third, and using it to create the point we pulled out of the first?

Mariann Yeager – NHIN – Policy and Governance Lead
I think so. I will rely, as always, on your very artful wording.

David Lansky – Pacific Business Group on Health – President & CEO
Okay. Anything else on this slide? Anything else about government role we want to restate going back to Farzad's desire to maintain consistent themes about our perception of the government's role? Any other adds or edits to this slide? All right. Moving on.

The workgroup, phase two, recommendation topics, so now we have this terminology issue of level one and level two that we captured from the sequential slide, which we've now pulled, so we have to reword point one to talk about the language on slide five, I guess. This slide essentially says we, as a workgroup, will develop policies and technical requirements for these levels of exchange we captured in slide five, we're going to characterize on slide five. Policies, technical specifications, I guess, they really are.

We're going to further describe the role and function of the enabling organizations and the role of government. We haven't done that yet. The previous slides were findings. This is a description of the recommendations we will offer, and then there's a sketch of them in the next few slides. We'll have to reword the level one, level two business.

Recommendation one on the next slide, if we can go to the next slide, policies needed for these types of exchange, we need a core set of policies related to provider identity in addressing authentication and identity assurance, information sharing, and information routing. As a high level summary of our policy work, how do people feel about this slide?

Deven McGraw - Center for Democracy & Technology – Director
I think it looks good.

David Lansky – Pacific Business Group on Health – President & CEO
You were happy for the advertisement for the privacy….

Deven McGraw - Center for Democracy & Technology – Director
You know, I'm worried about you guys scoping all my work.

David Lansky – Pacific Business Group on Health – President & CEO
There is actually a fair amount of detail that Arien and Carol and their sidebar developed under these four sub-bullets, so we can come back to that. But for tomorrow's purposes, I think this is a pretty good summary. Any other comments about this slide besides changing the terminology for level one and level two?

Hearing none, we'll move on to the next one, recommendation two on technical capabilities. The core set of….

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
David, sorry, this is Micky. On the previous one, do we want to mention the state level HIE programs?

David Lansky – Pacific Business Group on Health – President & CEO
That seems to be haunting you, Micky.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
Yes. It's only $600 million. I don't know why. I don't know what the future of the HIE workgroup is, as well, but there's that issue dangling out here too. We don't necessarily have to have that one, but the state program seems like it's a big omission here.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Is that a bullet point, a new bullet point between the first and second saying that we need coordination of policies between state governing entities and the NHIN?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
Yes, I think it is something like that. Right. There's no much more we can say about that, but just….

David Lansky – Pacific Business Group on Health – President & CEO

We need to stay cognizant of it.

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
Right.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. For those of you who weren't tracking this, I think the issue on our minds is that with the new state grants, there will be policy development happening consistent with their strategic and operational plans. Right now, we're not aware of any. We're not, at our workgroup, actively either listening to, collating, or coordinating with those state plans. Maybe that's happening at the ONC staff, but we need some mechanism to do that.

Arien Malec – RelayHealth – VP, Product Management
I'm 100% support of that. I also suspect that this is not an insignificant statement. And, in particular, I know a number of states have adopted the NHIN collaborative set of standards and architecture as the overall model, the overall technical framework, as well as some aspects of the governance framework for their state planning efforts. I just want to acknowledge that this is not an insignificant change, if this is one of the key recommendations.

David Lansky – Pacific Business Group on Health – President & CEO
Does anyone think we can proceed without taking cognizance of the state level activities?

M
No, I think it should be in there.

Deven McGraw - Center for Democracy & Technology – Director
Yes, I agree.

David Lansky – Pacific Business Group on Health – President & CEO
All right. Let's put it in and keep it pretty broad, and just simply note that we're self-aware, and we'll have to look at it, and we know it's going to be complex and probably difficult.

M
Can we add the HIE workgroup to the last bullet?

David Lansky – Pacific Business Group on Health – President & CEO
Okay. We're going to charge for naming rights on these slides. We're going to get some kickback from the other groups.

Deven McGraw - Center for Democracy & Technology – Director
We have a lot of spare cash floating around.

M
I just want to make sure that Deven is getting maximum exposure here.

David Lansky – Pacific Business Group on Health – President & CEO
Any other comments?

M
I'm her agent.

David Lansky – Pacific Business Group on Health – President & CEO
Thank you, Micky, for highlighting the state question. Anything else on this slide we need to do? Let's go on to the technical slide, recommendation two. …services and functions to support standard based interoperability and teases out addressing authentication, identity assurance, and information sharing, additional services for interoperability at scale regarding routing and directory services. Then address the need for pilots and demos.

Maybe we want to make this language stronger if we feel that we are actually recommending the pilots and demonstrations occur. Any edits or adds to this slide? Is the implication of the first point particularly that we will recommend a set of standards, or that we are asking the policy committee to direct ONC to do so?

Arien Malec – RelayHealth – VP, Product Management
I would think more the latter.

Deven McGraw - Center for Democracy & Technology – Director
I was going to say the other thing.

David Lansky – Pacific Business Group on Health – President & CEO
…I ask.

Deven McGraw - Center for Democracy & Technology – Director
Well, I don't. I guess I've gotten the sense that the recommendations that have come out of the policy committees, even on these, and the standards committee as well on some of these details have been helpful to ONC rather than tripping to them to figure it out by themselves. But I'm perfectly, you know, if there's work to be taken off the table in order to streamline this, then they should let us know that.

Arien Malec – RelayHealth – VP, Product Management
I think that in terms of who has responsibility for the bits and bytes kind of specs, I don't think that's an appropriate role for the NHIN workgroup. As it comes to policies, procedures, trust fabric, etc., I think those are absolutely critical roles. And so I that's the only distinction that I'm making.

David Lansky – Pacific Business Group on Health – President & CEO
I wonder if we are, in a sense, making a recommendation to the standards committee.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
That it develops, recommend standards in these several areas. We may go one level deeper in our precision about what we mean there.

Deven McGraw - Center for Democracy & Technology – Director
Which I think we should, but ultimately the bits and the bytes question has traditional been theirs to resolve, I mean to make recommendations. The ultimate resolution of this is, of course, with ONC.

David Lansky – Pacific Business Group on Health – President & CEO
I'm trying to tighten up our wording against this set of recommendations is pertaining to our phase two, which pertains to these enabling organizations. I think what we are saying is we recommend that ONC,

based on work done by the stands and policy committee, recommend a common set of standards and services that enabling organizations can offer to achieve interoperability in these three areas. We think this is work the government collectively needs to do in support of the enabling organizations. Is that accurate? No?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Could you repeat it?

David Lansky – Pacific Business Group on Health – President & CEO
Unlikely. We believe that the government, collectively under several committees and workgroups we have, needs to articulate or publish a set of standards and characterize the services, which will support interoperability in these three areas … standards and services in these three areas to support interoperability.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Okay. Go ahead.

David Lansky – Pacific Business Group on Health – President & CEO
Conversely, that we're not assuming that these things will happen quickly enough or satisfactorily without the standards committee and the policy committee taking action.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Right. This is a replacement for all of recommendation two?

David Lansky – Pacific Business Group on Health – President & CEO
I'm just on the first bullet point.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Okay.

David Lansky – Pacific Business Group on Health – President & CEO
I'm trying to get it to be a recommendation rather than a statement that a core set of services would be needed.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. I think the sense of what you said is right. It got, as you went into this and not that, it got to be long, but can you say this action is required in order to achieve timely, as opposed to saying this and not that, the way you said it?

David Lansky – Pacific Business Group on Health – President & CEO
Yes. We could go back even to the phrasing earlier about Neil's suggestion about enabling rapid attainment of stage one meaningful use will require the promulgation or whatever of standards and service specifications in these three areas.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Now, effectively what you've said is that by 2011, at the start of Q3 2011, which is the last 90-day cycle that a hospital can get into the – qualify for 2011, standards have to be out and implemented. That's a pretty strong rollout requirement. I think it's better almost to just leave out stage one meaningful use from the statement, not that we don't have that challenge.

David Lansky – Pacific Business Group on Health – President & CEO
In the real world, on the ground, how necessary will it be for new adopters of new users and meaningful use to have a set of standards in these areas we're working on well prior to third quarter 2011? If we were actually going to deal with a timeframe and make a recommendation really at a policy level for when these domains need to be addressed with some recommendation, when…?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Obviously I have been working since I got overtaken by the spirit on the road on minimizing the amount of that work that has to be done. To the extent that this would be no more than endorsing that minimal set or tweaking it in a way that doesn't require a lot of work by a lot of vendors, then I suppose that's the best we're going to do.

Maybe you could revise the phrasing to say that can be rolled out in support of stage one meaningful use requirements so that you imply that we're taking on the challenge of going for sooner rather than ideal.

David Lansky – Pacific Business Group on Health – President & CEO
Anyone else have a sense of how they would like to recommend action on this first point? Are we prepared to ask the standards committee to take up this list and issue recommendations by some date?

Deven McGraw - Center for Democracy & Technology – Director
I would say no only because it's a little too open ended. I think we should be more specific about, if we can, about what we're aiming for, because otherwise then the standards will drive the inherent policy decisions that are kind of tucked into these bigger categories.

David Lansky – Pacific Business Group on Health – President & CEO
Right. That's actually a point we should probably make on either of these first two slides. These are not independent.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Understanding that we will have to do a little more work within our own workgroup to flush out these high level points, is the direction we're going in to ask for there to be a federal statement about the relevant standards and services in these areas? This maybe also goes back to the state HIE question. Are we going to, in affect, pass out to the states a set of standards and specifications that address these things that will enable more interoperability, both between HIEs and across states, between states?

Micky Tripathi - Massachusetts eHealth Collaborative - President & CEO
To answer your question, this is Micky, I think the direction is right. I think it's right to break it up by level, and also to provide some sense of what services and functions we're thinking about at each level, which Deven's important caveat, I think, that we need to specify it a little bit more before turning it over to the standards committee.

David Lansky – Pacific Business Group on Health – President & CEO
Any other comments on that? Let's look at the next bullet point, which is a little more open-ended in the suggestion of additional services, which I'm gathering is less, clearly, federally specified at this point, but we're going to come back to that. In a sense, I think the additional services bullet point implies it's not a prerequisite to 2011 meaningful use.

Arien Malec – RelayHealth – VP, Product Management
I'm a guilty party on this slide. This splitting came out of, I think, a lot of the work that Wes did, and is essentially making the point that there's a core set of services that enable transport within an area, and another of services … start to string them together and look for nationwide access, and that it's important to be clear about the distinction between the different services … and this may be at a level of detail and granularity that's inappropriate for the policy committee.

David Lansky – Pacific Business Group on Health – President & CEO
Then part of the question is whether your second bullet, Arien, is the routing and directory functions are really envisioned as more critical for later stages of meaningful use than they are for 2011.

Arien Malec – RelayHealth – VP, Product Management
No, so the key distinction is that it's a scale distinction.

David Lansky – Pacific Business Group on Health – President & CEO
Can you characterize the threshold on scale?

Arien Malec – RelayHealth – VP, Product Management
I would say, and again, there's a lot of detailed work that we need to work through that's captured in that table that Carol and I worked on. I would say that getting the first bucket allows you to set up a standards based exchange that solved many of the stage one interoperability requirements for meaningful use within a community. If there is a need to stitch together multiple communities, so for example in a complex, metropolitan area where you may have multiple exchange parties, enabling organizations, then you're going to need something like the second set of services.

Neil Calman - Institute for Family Health - President & Cofounder
I would think this is overly complex for what--

Arien Malec – RelayHealth – VP, Product Management
Yes, I would agree.

Neil Calman - Institute for Family Health - President & Cofounder
--we're going to be presenting tomorrow.

David Lansky – Pacific Business Group on Health – President & CEO
Should we take the two sub-bullets and add them to the first sub-bullet list?

Neil Calman - Institute for Family Health - President & Cofounder
Secure information, yes, I would do that.

David Lansky – Pacific Business Group on Health – President & CEO
Just be ambiguous about what level of scale any of these applies to.

Neil Calman - Institute for Family Health - President & Cofounder
Yes, I think that would be much better.

Arien Malec – RelayHealth – VP, Product Management
I would agree.

David Lansky – Pacific Business Group on Health – President & CEO

I hear no … we'll proceed that way and just collapse these into one list. The last point here is about the "could inform", and I know ONC, and we've talked earlier, wants to proceed with pilots and demonstrations. Is there any hesitancy about saying we recommend that pilots and demonstrations should be used to inform the standards and specifications?

Neil Calman - Institute for Family Health - President & Cofounder
Only a timing question that I think will be raised about timing. I mean, on the one hand, we're saying we have to get these specifications and things out soon. I'm not sure that the timing of that and setting up pilots and demonstrations are going to really work.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. Farzad or others, if they have a sense of how to engineer the pilots to still inform generally accessible standards from the timeframe that we're looking at. Farzad, are you still on? Maybe not. All right. Well, we'll find a way to word it, Neil, that doesn't over-commit, but expresses our belief that real world implementation experience is important, but we won't say one way or the other whether it's contingent or sequential.

All right. Let's move on to the next slide, recommendation three on the role of enabling organizations. Here we're just clarifying that these organizations could be of multiple types. And the second bullet point, there may be other mechanisms that may not even be organizations, so we are going to certainly speak to the organizations, but we're leaving open the notion that other mechanisms are possible.

M
On the first bullet, do we mean HIOs?

Deven McGraw - Center for Democracy & Technology – Director
Yes. That's our language distinction between the noun form.

M
The noun and the verb.

Deven McGraw - Center for Democracy & Technology – Director
…verb. Admittedly, not universally accepted, but it does keep people from getting twisted up.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I don't see any … the policy committee will recognize and understand HIOs, right?

Deven McGraw - Center for Democracy & Technology – Director
We hope so.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Well, I mean, has I been used in that context before?

Deven McGraw - Center for Democracy & Technology – Director
Yes. No, it has. It's just a matter of whether people will recall it, but I think it's probably safer than putting up HIE, and then I think you'll generate questions about whether we're talking about exchange as a verb and point-to-point.

Neil Calman - Institute for Family Health - President & Cofounder
I think it's fine, HIOs is fine.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I have more concern about the word "intermediaries". I heard that this was a wrist slapping word a little while ago, and I'm not sure what it means, as distinct from HIEs. I would have thought something like healthcare specific ISPs or something like that would have, or technology vendors, or something like that would have been more to the logical sequence in the slide here.

M
Right. Since this bullet point is addressing existing organizations, we should specify what we're talking about rather than have a general category of intermediaries, I think is what you're getting at, right, Wes?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Amended wording?

M
Since it says "etc." at the end, can't we just drop it?

Mariann Yeager – NHIN – Policy and Governance Lead
This is Mariann Yeager. David, just to your point earlier about trying to harmonize some of the language and terms that we've used, since we did use the term HSP in the prior recommendations, would it be helpful to include that here as well?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes, HSP would be good.

Mariann Yeager – NHIN – Policy and Governance Lead
Okay.

David Lansky – Pacific Business Group on Health – President & CEO
All right. The third item on here, the question, probably not a recommendation, I don't know that we're ready to recommend the certification of enabling organizations.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Then we need to recommend that we work on determining if there needs to be certification. I mean, it has to be mentioned.

David Lansky – Pacific Business Group on Health – President & CEO
The recommendation would be that the workgroup develop a recommendation with regard to certification of enabling organizations?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes. How about determine and approach or propose an approach or something like that? Recommending a recommendation, the way you phrased it made it sound a little redundant, rightfully so.

Neil Calman - Institute for Family Health - President & Cofounder
We really haven't called any of dozens of other unanswered questions in the recommendations. I'm not sure we have to call this out as an unanswered question here. We haven't done that. We've talked about

lots of other unanswered questions, but we haven't been calling them out in the recommendation. I'm not sure it belongs in the recommendation slide. Maybe in a slide of future things that need to be discussed, but I wouldn't it in a recommendation slide.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
As long as certification gets addressed somewhere in the deck that's presented, I don't think it has to be recommendation number three.

David Lansky – Pacific Business Group on Health – President & CEO
Well, it does fit here better, I think, than anywhere else, except maybe role of government, and I think that's kind of not the right place to list it….

Deven McGraw - Center for Democracy & Technology – Director
What if it were framed in terms of explore the need for certification?

David Lansky – Pacific Business Group on Health – President & CEO
Yes.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
That's fine.

Neil Calman - Institute for Family Health - President & Cofounder
I think under the role of government would be good because that really is exactly what we're talking about, right?

David Lansky – Pacific Business Group on Health – President & CEO
I was afraid of doing it, Neil, because it may imply that we think only government can be the certifier, and we haven't gotten there yet.

Deven McGraw - Center for Democracy & Technology – Director
Right.

Neil Calman - Institute for Family Health - President & Cofounder
We should phrase it in a way that says it is government's role to determine if certification is a requirement.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I'm suggesting, I think Neil is right. On the other hand, it's sort of a forward reference at that point in the deck, so putting it here kind of avoids that forward reference capability.

Neil Calman - Institute for Family Health - President & Cofounder
It's fine. We can leave it. But I wouldn't put it as a bullet. Maybe we call it out at the bottom and say, you know, for further discussion or something like that under the recommendation.

David Lansky – Pacific Business Group on Health – President & CEO
Well, to Wes' point, it may be that we have to speak to it, even if we say there's no need for further action.

Deven McGraw - Center for Democracy & Technology – Director

Right, but I think that's why it should just say "explore the need for" because all we're doing is saying, I mean, I guess the one reaction to the policy committee would be no, don't.

David Lansky – Pacific Business Group on Health – President & CEO
Right. Exactly.

Deven McGraw - Center for Democracy & Technology – Director
But I doubt it. It doesn't commit us either way, I don't think.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. I'm inclined with you, Deven, to include it as a bullet on this slide saying that we'll explore it.

Neil Calman - Institute for Family Health - President & Cofounder
I withdraw my objection.

David Lansky – Pacific Business Group on Health – President & CEO
Thank you, Neil. We owe you one. I'm sure you're redeem it. All right. Let's move on to role of government, the last slide in this deck. Limit government intervention to circumstances where it is necessary to achieve interoperability and trusted exchange. I wonder if we, as we recast the language earlier, I we can bring back the language from the finding slide. This is the right spirit, I think, that we have this little bit of mangling with limit when it applies to privacy and security. It may be though that these three sub-bullets were adequately addressed in the findings slide, and the recommendation should just stick to the outcome, which are the two points we made on the earlier slide.

Deven McGraw - Center for Democracy & Technology – Director
Right. I'm kind of curious as to what this achieves beyond what I thought we already said or tried to say.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. I don't want to….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I think the recommendation and the finding are closely aligned, but that's not a fault. We just have to have the recommendation to correspond to the finding, right?

David Lansky – Pacific Business Group on Health – President & CEO
Let's make sure, Mariann, that the wording is closely aligned with our new wording on the finding, so we don't trip over ourselves inadvertently.

Mariann Yeager – NHIN – Policy and Governance Lead
David, did you want to just consolidate and, in lieu of having separate findings and recommendations, just the recommendation, or just align the wording?

David Lansky – Pacific Business Group on Health – President & CEO
I think, to Wes' point, it's okay to have both as long as the recommendation is consistent with the structure of the findings.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
If it's not, I mean, I'm not saying it's mandatory to have both. I just assumed that one normally assumes that the recommendations are the takeaway actions, and the finding are the data that supports the

recommendations. I wouldn't, if we want something to happen, I don't think we should leave it out of the recommendations.

Deven McGraw - Center for Democracy & Technology – Director
Yes, but I….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes, I guess I was saying it needs to be a goal. Never mind.

Deven McGraw - Center for Democracy & Technology – Director
Yes. The thing about this set of recommendations is that it suffers from the same potential issues that we identified before, at least with respect to the trust framework and privacy and security. It basically says we only need limited government intervention on that particular area. One, I don't think I agree with that personally, and I'm pretty confident there are a few other policy committee members who would agree with me.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I think we have agreed that it's on Mariann….

Deven McGraw - Center for Democracy & Technology – Director
Poor Mariann … working on it.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
…to make sure that that concern is reflected in this slide, as we've already reflected it on the findings slide.

Deven McGraw - Center for Democracy & Technology – Director
Right.

David Lansky – Pacific Business Group on Health – President & CEO
Now we do have a recommendation to support pilots and demonstrations. Any objection to that, given that it's not sequenced or linked to the other ability to promulgate standards?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Is it to fill gaps in information? I mean, to fill gaps … capability sounds very broad. Can we be more specific about what the purpose of pilots and demonstrations are, particularly since there might be some pilot fatigue out there?

Neil Calman - Institute for Family Health - President & Cofounder
Farzad, I think when you stepped away, we also asked the question about the timing here. I mean, is there really time to implement pilots and demonstrations while we're trying to develop these standards, especially to be used for phase one of….

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
That was specifically around stage one, I think.

Neil Calman - Institute for Family Health - President & Cofounder
Yes.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner

Yes. I would, just operationally, what I would love to do is to have some real world testing of the standards using a community of volunteers to do some experiments and learn from each other. Before we put something in regs, I'd like to see it actually working somewhere in real life.

David Lansky – Pacific Business Group on Health – President & CEO
I think that's certainly the point of regulation that makes sense. I think the question we raised when you were off was whether, given the production schedule for HIEs and others to play the role of enabling organizations, will they need some … and this also goes to the state HIE discussion of what the state HIE grants will require. Will you all need to put out some standards and specifications for these sorts of low-level services…?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Yes. I think it may be us or whatever. Maybe we can get a community of folks to work on this with us, but the idea is that those should be immediately tested, and whether it's for the state HIEs or other people, and that information fed back into ONC, so that when it comes time to do the next round of the regulation, we are doing it based on empiric knowledge. That, to me, is what the point of these pilots and demonstrations are.

David Lansky – Pacific Business Group on Health – President & CEO
I like using language of real world testing rather than pilots and demonstrations.

Deven McGraw - Center for Democracy & Technology – Director
It's a very appealing term.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Real world validation would be an even more appealing term.

Deven McGraw - Center for Democracy & Technology – Director
Yes, it would.

David Lansky – Pacific Business Group on Health – President & CEO
Farzad, when you were off, we were asking whether the timing you envision is such that the 2011 stage one HIE functionality, you'd expect to influence those with the results of this real world validation.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
It might be 2012, which is still stage one.

David Lansky – Pacific Business Group on Health – President & CEO
Okay. We just thought, for the purposes of tomorrow, we would be ambiguous on the expectation of the timing of those real world tests.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
What? Ambiguous?

David Lansky – Pacific Business Group on Health – President & CEO
Not at all.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
The NHIN workgroup?

David Lansky – Pacific Business Group on Health – President & CEO
We are going to recommend that they happen, but we're not going to tie the ability to produce the other short-term requirements to them, but the sooner the better.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
We're in an exercise of calibrated ambiguity.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
That's fine, but again, I would ask that you be more specific about what the goal is.

David Lansky – Pacific Business Group on Health – President & CEO
We've had some concurrence around real world validation of proposed standards and specifications.

Deven McGraw - Center for Democracy & Technology – Director
Sounds good.

David Lansky – Pacific Business Group on Health – President & CEO
Anything else on this slide, the role of government in terms of recommendations we want to make tomorrow? The last slide in this sequence is just a recapitulation of the next phases of our work. And it looks from this slide as if we're done with phase two now.

Deven McGraw - Center for Democracy & Technology – Director
Wow. That was fast.

David Lansky – Pacific Business Group on Health – President & CEO
All right. Let me pause before we turn to anything more. There are two more topics we want to at least touch on today. Let me just set for a second on this report to the policy committee tomorrow and see if people have any topics we've missed or things they want to make sure we don't say or do say to the policy committee tomorrow. Hearing none, we'll call this – with Mariann's additional edits, we'll call this good. Thank you all very much for very thoughtfully and carefully going through this material, and a special thanks to Arien and Carol for bringing us some new tools we could critique today.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
It's always brave to be the guinea pig when you forth new material. Thank you. I have suggested, although our time is now quite short, and let me just ask Judy. Are we intending to take some public comment today on this call as well?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, we will take a few minutes to see if anybody in the public wants to comment.

David Lansky – Pacific Business Group on Health – President & CEO
So we should just take another ten minutes or so, and wrap up our business for today. We sent out this supplementary deck, some of which we've already reviewed, which had a little bit more material, the one that's titled draft phase two 2010 February 16th. I think we won't have time today to get into this much. There are two slides in particular, though, that I'd encourage people to look at, which are slides three and seven, both of which provide deeper dive into the trust framework issues. I think we should probably plan on a later call to go through these with more care, and see if we are comfortable moving down this

approach to defining the trust framework, and I think the key ideas here, one is on slide three. Let me just see if our Web site has caught up with us.

Deven McGraw - Center for Democracy & Technology – Director
No, not yet.

David Lansky – Pacific Business Group on Health – President & CEO
I don't know, Judy, who is managing the slides, but if we can get that second slide deck up.

Judy Sparrow – Office of the National Coordinator – Executive Director
I don't know.

Mariann Yeager – NHIN – Policy and Governance Lead
The deck that you meant? This is slide three?

David Lansky – Pacific Business Group on Health – President & CEO
That's it. Thank you. Brand new material for our group, and we won't have time to get into it today, but the concept is to articulate a set of policy principles and technology principles that are, in this case, literally side-by-side that we can suggest as background for the trust fabric work for the Nationwide Health Information Network. If we can skip ahead to slide seven, here's some detail that Arien mentioned earlier of some of the elements that go into the four. You may recall these four core elements were also used in our bullet points for tomorrow.

This then essentially dives deeper into each of those four high-level elements and would be a little bit of a roadmap that we could begin to dig into in our future work, both on the policy side and on the technical side. I think, on the technical side, as we just finished discussing, need to go deeper before we hand off to the standards committee. We may be able to get into some of these bullet points in that next layer of work.

Some of this will surface. Some of these elements surface explicitly in the phase three work around, for example, authentication level and proofing. Some of it surfaces specifically in the phase four work that we'll come to later, so I think, for now, this is just background that we can come back to, but I think the real question is, do we want to articulate a framework that everyone can make reference to that summarizes some of these high level ideas.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Do we want to do this when?

David Lansky – Pacific Business Group on Health – President & CEO
I guess what I'm torn about is that we've given ourselves a work plan that says between now and March, we're going to work on the identity proofing and authentication issues where a number of these points will surface. Perhaps at our next call, we should take a few minutes and just talk about frameworks and see whether we're comfortable taking on this kind of a high level framework and continuing to map our work into these categories, as we dig into the deeper detail.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I think that it could be enormously valuable to have a framework such as this, and use it. I think that I would not be ready to sign off today that even the rows and columns were – they might be okay in the columns. Even the rows are completely correct. Certainly not, we'll call them, intersections. But I think if

the question is should we have an agenda item to create a framework, I think we should have an agenda item to create a framework.

David Lansky – Pacific Business Group on Health – President & CEO
Thank you, Wes.

Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner
I would concur with Wes. Certainly there's a tremendous amount of overlap between the rows, so this has a ways to go, but I think it is a good starting point.

David Lansky – Pacific Business Group on Health – President & CEO
We will take that advice to make this agenda item, probably on our next call, and I think we also, in our next call, need to begin to delve into essentially the straw case and start flushing out the roles and requirements for the certificate authority, the route certificate authority, this issue of certification or identification of qualifying bodies.

I know, Farzad, you wanted to say a little bit about what you'd like out of us by when. We've essentially given ourselves the March 17th deadline to frame something on the proofing and authentication issue. Mariann, maybe you could report too on the work you've begun with NIST on the assurances levels issue.

Mariann Yeager – NHIN – Policy and Governance Lead
Certainly. I think, based upon some of the discussions the workgroup had to date, it was requested that ONC staff do some preliminary analysis to help assess sort of what the level of assurance might look like based upon including and considering situational factors, so we have reached out to our colleagues at NIST just on the process, and then we're in the process of engaging someone or working with someone, getting them started on that analysis. We would expect, in the next few weeks, to have some preliminary findings, and then certainly the group would want to help guide and clarify the situational considerations that would come out of that analysis.

David Lansky – Pacific Business Group on Health – President & CEO
You had an expectation, Mariann, that we would have some kind of report back from that process by the end of the month?

Mariann Yeager – NHIN – Policy and Governance Lead
I think that was the initial goal, but this does take a little time to get the right person focused on it, somebody that's familiar with the NIST process and methodologies and 800-63. We do have that person geared up, but it just is a matter of getting the analysis done and then summarizing it and providing it to the group. I will let you know the specific date. I'm not sure it'll be the end of this month, but it will be shortly thereafter. We should have a better sense later this week.

David Lansky – Pacific Business Group on Health – President & CEO
Okay. Agenda items we have coming up are the trust framework we just talked about, the report from the NIST analysis on the assurance levels. It'll take us into our March work plan. The questions that are raised by the straw case about the certificate authorities, I gather that's something we definitely need to bring some further work on to the March meeting, that policy meeting. Let me just ask Wes and Farzad in particular. As it pertains to the level one, level zero, so to speak, simplest cases, is there a stream of work we should be doing to report to the March meeting on the strategies for identity assurance and authentication, as it pertains to the simplest existing trust use cases?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I have to defer to Farzad on this.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Well, I don't know. It seems to me that it is a requirement for even the simpler.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
Yes, I agree with that in terms of what's required by when though.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Yes. I think the March timeframe is okay. I do worry a little bit about pushing the kind of accreditation flavor of requirements out too far.

David Lansky – Pacific Business Group on Health – President & CEO
Farzad, has any staff work been done on that issue that we could react to or we need to have a conversation here first?

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
We've been deferring to your workgroup.

David Lansky – Pacific Business Group on Health – President & CEO
I appreciate that.

Farzad Mostashari – NYC DH&MHH – Assistant Commissioner
Either that or we're lazy.

David Lansky – Pacific Business Group on Health – President & CEO
Not much chance of that. I'm guessing we need to work through our collective assumptions about, A, the identity, the assurance issue, the identity proofing and assurance issue and, B, the certificate authority roles in order to address the certification question or accreditation question. Wes, I don't know whether there's a way. Simple mindedly, in my head, I'm distinguishing the simple interop case from the mid level interop case, and assuming that these HSPs and the related infrastructure we've imagined is going to be engendered more by the more complex cases. We could at least discuss them somewhat separately, and then look at their interaction in order to get to the March report. Is that right?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst
I appreciate the concern. I think that if we cannot, by March, have a report that addresses the continuity between those, then we really don't have a deliverable. I think it's more important to say that our goal is to address the early and insure continuity to farther right on the spectrum.

David Lansky – Pacific Business Group on Health – President & CEO
Offline, let's have a conversation about structuring an agenda for a call where we can try to work that through. We don't need to do it this minute. Do we have Mariann or Judy, do we have a scheduled next call for this group?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, we do. It's March 16th, and that is 9:00 to noon eastern time on the 16th.

David Lansky – Pacific Business Group on Health – President & CEO
That'll be another fire drill if we have to present on the 17th.

Judy Sparrow – Office of the National Coordinator – Executive Director
Exactly.

David Lansky – Pacific Business Group on Health – President & CEO
So we'll need some kind of intermediate work sooner.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Maybe we should time it as soon as we have, well….

Judy Sparrow – Office of the National Coordinator – Executive Director
We can talk about that offline.

David Lansky – Pacific Business Group on Health – President & CEO
Yes. We could wait for the NIST results, although maybe it's better to have a meeting on the subject we just discussed because we can do that without waiting two or three weeks.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right.

David Lansky – Pacific Business Group on Health – President & CEO
Then once we get the NIST report in the first week of March, have a second meeting. That's my proposal, if people can manage it. All right. I think we're doing with this round robin, unless there are any last comments before we take any public questions or comments. If not, Judy, can we see if there are any public comments?

Judy Sparrow – Office of the National Coordinator – Executive Director
Sure. Operator, can you check and see if there is anybody from the public who wants to make a short, three-minute comment?

Operator
(Instructions given.) We have no public comment.

Judy Sparrow – Office of the National Coordinator – Executive Director
Great. Thank you, David.

David Lansky – Pacific Business Group on Health – President & CEO
All right. Thanks, everybody, for your time again today, and we'll look forward to tomorrow's, getting reactions from the larger group tomorrow, and we'll back in touch soon with more chances to meet.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes.

David Lansky – Pacific Business Group on Health – President & CEO
Thanks, everybody.

M
Thank you.

W
Thank you.